

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031300

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Filing District: AUG 26 1963 Primary Registration District No. 3006 Registrar's No. 565

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
1 0109	DATE AMENDED	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in lb 22 days	c. CITY OR TOWN Sarcoxie
2 0490		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel Cancer Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route # 1
3		3. NAME OF DECEASED (Type or print) First Middle Last IRENE CHRISTAL McCracken		4. DATE OF DEATH Month Day Year August 16 1963	
4 1		5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-27-95
5 1	DATE AMENDED	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 67
6		11. BIRTHPLACE (City and state or country) Guthrie, Oklahoma		12. CITIZEN OF WHAT COUNTRY USA	
7 1		13a. FATHER'S NAME Basler Kohler		13b. MOTHER'S MAIDEN NAME Julia Summers	14. NAME OF HUSBAND OR WIFE Walter McCracken
8 1		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)		17. INFORMANT Address Hospital Records, Columbia, Missouri	
9 143X	DATE AMENDED	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Epidermoid Carcinoma of the floor of mouth with metastases.			
10		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
11		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
12 3-0		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
13 3-0	DATE AMENDED	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
	DATE AMENDED	21. I attended the deceased from July 24, 1963 to August 16, 1963 and last saw her alive on August 15, 1963 Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
		22a. SIGNATURE (Degree or title) Mary C. Zimmerman M.D.		22b. ADDRESS Ellis Fischel Hospital Columbia, Missouri	
		22c. DATE SIGNED 8-16-1963			
		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-16-1963	
	DATE AMENDED	23c. NAME OF CEMETERY OR CREMATORY SARCOXIE CEMETERY		23d. LOCATION (City, town, or county) Sarcoxie, Missouri	
		24. FUNERAL DIRECTOR Moss Funeral Home		25. DATE RECD. BY LOCAL REG. Aug 16 1963	
		26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer			
		26. REGISTRAR'S SIGNATURE			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

AUG 4 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. W. Phillips
Licensed Embalmer No. 4897

P. O. Address Columbia Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.